

Abigail Attlesburger
 Town *Westminster* County *Carroll* MARYLAND

Died at *Westminster* *Carroll* MARYLAND

Date 1902 *Jan 2* Month *Jan* Day *2* Y. *68* M. *5* D. *13* Native of *Pa* Occupation _____

~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ *Single* ~~Widower~~ Number of children living *4*

Husband of *James W. Attlesburger 14?*
 Wife *James W. Attlesburger 14?*
 Father's Name *Henry Wolf* Mother's Name *Magdalena Broen*

Cause of Death { Primary *Senile Gangrene* How long sick _____
 Immediate _____ Accident, Suicide, Homicide _____

Reported by *Mrs. J. Hering M D*
 Address *Westminster Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Paul Edward Bowman

Certificate of Death

Died at

Town
Piney Creek

County

Carroll

MARYLAND

Date 1932

Month

Day

Y.

M.

D.

Native of

Occupation

1 18 Age - - 8 Maryland

Male

White

~~Married~~~~Widow~~

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Geo. W. Bowman

Mother's

Maiden Name

Alice Bowman
Alice Wentz

Cause of

Primary

Death

Immediate

Spasms

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Ed. H. Groff undertaker

Union Mills Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78898



Name in Full

Certificate of Death

John E. Chambers
 Town *Sylversville* County *Carroll* MARYLAND
 Died at
 Date 1902 *June 7* Month *June* Day *7* Y. *52* M. *52* D. *52* Age *52*
 Male *White* Married *Widow* Divorced
 Female *Colored* Single *Widower* Number of children living

Husband
of
WifeFather's
Name

Mother's

Maiden Name

Cause of Primary

Death Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79883

Health Dept of Balto
Claimed the original
Merely note this to
form a tracer for
that

Jao T. R. Weer
Sub Registrar
6th Dist
Carroll Co

Name in Full

Certificate of Death

William Chase
 Died at ^{Town} near Westminster ^{County} Carroll MARYLAND

Date 19 02 Jan 20 Age 48 - - Y. M. D. Native of Md Occupation Driver
 Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widowed ~~Widower~~ Number of children living 1

Husband
 of
 Wife

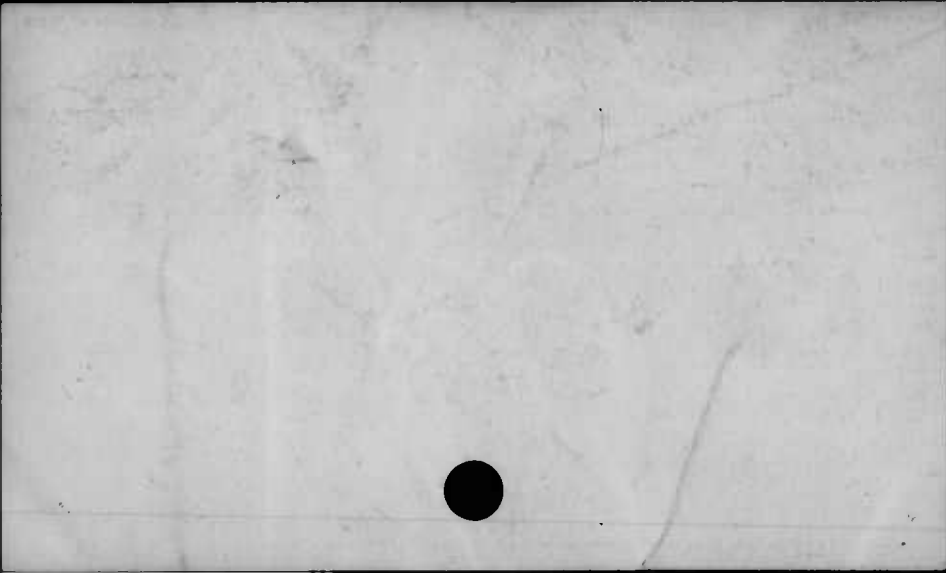
Father's Name William Chase Mother's Maiden Name Ellen Cole

Cause of Death { Primary Immediate } Porynics 66
 How long sick
 Accident, Suicide, Homicide

Reported by Jas. M. Stover

Address 1 Westminster, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



CERTIFICATE OF DEATH

MARYLAND

Died at *Westminster* Town *Carroll* County
 Date of death 190*2* Month *Jan* Day *2* Age Years Months Days
 Sex *Female* Color or Race *Colored* Birth-place *Westminster*
 Married, Single or Widowed *Single* Occupation
 Name of Wife or Husband
 Father's Name *William Cox* Father's Birthplace *Westminster*
 Mother's Maiden Name *Eva Chase* Mother's Birthplace *11*
 Name of person giving information *Mrs Eliza Franklin* How related to deceased *Sister*

CAUSES OF DEATH

Primary How long
 Immediate *Disentery* *14* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Jas. Stoner, F.D.

No Physician in attendance
Westminster
MD

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER
 1

Stoner

Name in Full

Certificate of Death

Died at Norbeck Town Felley County

MARYLAND

Date 1902 Jan 27 Month Day Y. M. D. Age 7 months old Native of _____ Occupation _____

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband
Wife of

Father's Name William Johnson

Mother's Name Marion D. Felley

Cause of Death { Primary Not known

How long sick

Death { Immediate

Accident, Suicide, Homicide

Reported by Marion D. Felley

Address Norbeck Montg. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78700



Name in Full

Certificate of Death

John O. Day
 Town *Linn* County *Lincoln*
 Died at *Linn* MARYLAND

Date 19 *Jan* 8
 Month *Jan* Day *8* Y. *1* M. *—* D. *—*
 Age *1* Native of *Ill* Occupation *—*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☐
 Number of children living *—*

Husband of *—*
 Wife *—*

Father's Name *John O. Day* Mother's Maiden Name *Ar*

Cause of Death { Primary *Pharyngeal* Immediate *Pharyngeal* }
 How long sick *Ar*
 Accident, Suicide, Homicide *—*

Reported by *H F G*
 Address *—*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charles A. Dayhoff
 Town *Leonard* County *Leonard*

MARYLAND

Died at *Leonard*

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	Jan.	6				<i>md</i>	—
Male	White	Married				Widow	Divorced
Female	Colored	Single				Widower	Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of Primary

How long sick

Death Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Not Named -

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Sarah Ehlers

Town

County

Died at

Westminster

Carroll

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Data 1902

Jan 12

Age

77

Ireland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

James Ehlers

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Heart Disease

Death

Immediate

Bronchitis

How long sick

19 months

Accident, Suicide, Homicide

Reported by

Jas. H. Peilingsen M.D.
Westminster Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79828

Thomas

Town

County

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~~~Singles~~~~Widower~~

Number of children living

Husband

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

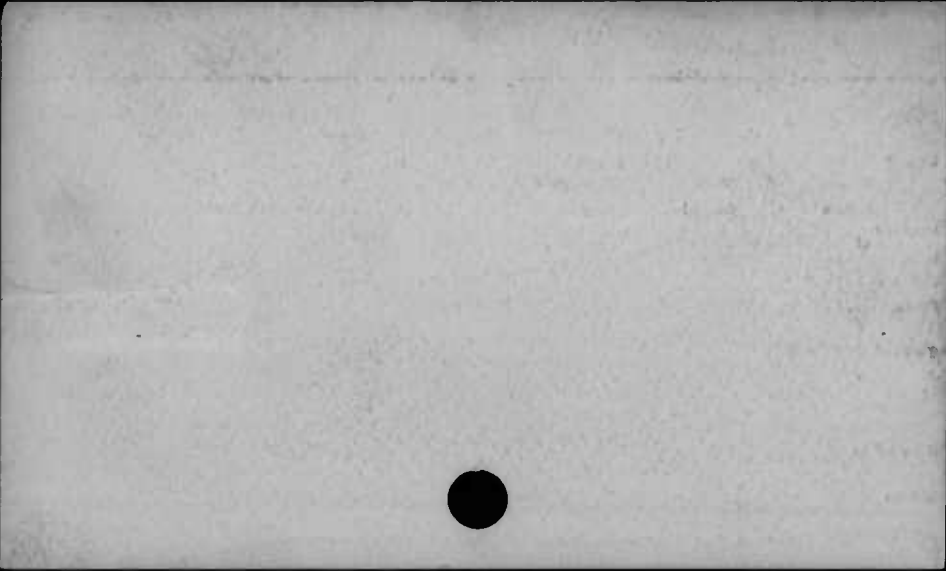
How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Hampton Erans.

Town

County

Newport

Carroll

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Jan

25

Age

33

Id

railroading

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Mother's

Name

Hampton Erans

Maiden Name

Catherine

Cause of

Primary

Pneumonia

How long sick

five days

Death

Immediate

Syncope

Accident, Suicide, Homicide

Reported by

W. T. Crumley

Address

Winfield Id.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sub Registrar

F. J. Lewis

not aing
Ind

Name In Full

Certificate of Death

Barnet Church
Jesse Fleagle
 Town *Mayberry* County *Carroll* MARYLAND

Died at
 Date 1902 Month *1* Day *28* Age *75* - *10* Native of *America* Occupation *Farmer*
 Male White Married ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living *11*

Husband of *Mary E. Fleagle*
 Father's Name Mother's Name
 Maiden Name

Cause of Primary *Paralysis - 66* How long sick *6 hrs*
 Death Immediate *_____* ~~Accident, Suicide, Homicide~~

Reported by *C. H. Weaver*

Address *Jamestown Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



George H. Fowler

Died at ^{Town} Bankard Mill ^{County} Carroll MARYLAND

Date 1902 Jan. 20th Age ^{Y.} ^{M.} ^{D.} ^{Native of} ^{Occupation}
 Male White Married ~~Widow~~ ~~Single~~ Laborer
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 10

Husband of Martha Shearn

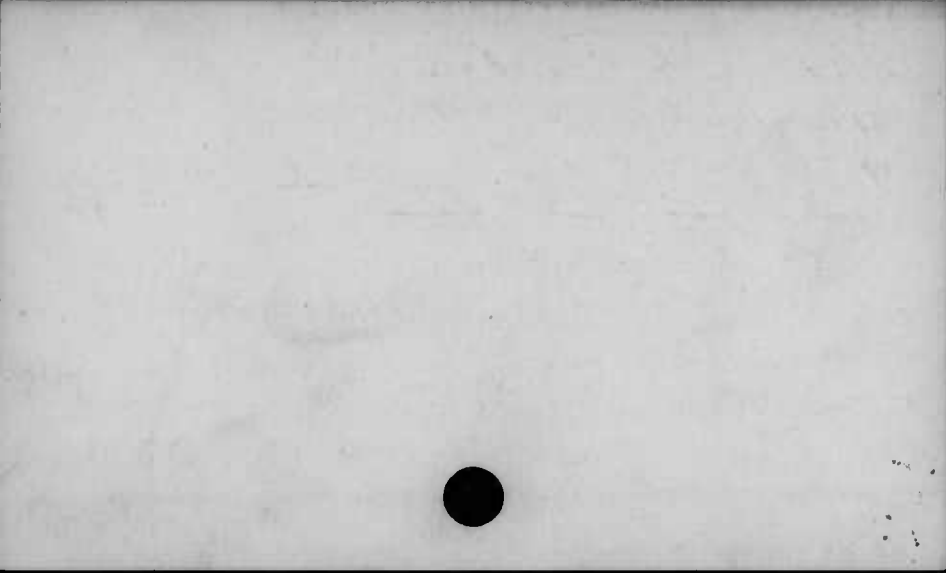
Father's Name George A. Fowler Mother's Name Margaret A. Noel

Cause of Death { Primary Gastritis How long sick 1 hour

Death { Immediate Angina Pectoris Accident, Suicide, Homicide

Reported by Thos. J. Shreeve M.D.

Address Uniontown Md.



Name in Full

Certificate of Death

Name in Full *Miss B Ann Foyell*
 Died at *Foyell* Town *Foyell* County *Carroll*
 Date 19 *02* Month *11* Day *9* Y. *16* M. *-* D. *-* Native of *ind* Occupation *MARYLAND*
 Male *Male* White *White* Married *Married* Widower *Widower* Divorced *Divorced*
 Female *Female* Colored *Colored* Single *Single* Number of children living *4*
 Husband of *Wm Foyell* Mother's *B A Foyell*
 Wife *Wm Foyell* Maiden Name *B A Foyell*
 Father's Name *Wm Foyell*

Cause of Death { Primary *154*
 Immediate
 How long sick *3 years*
 Accident, Suicide, Homicide

Reported by *A H Weaver*
 Address *A H Weaver*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Joshua Farnsworth

Town

County

Died at

MARYLAND

Date 1902 June 18th Age 26 1/2 Y. M. D. Native of Maryland Occupation Farmer
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

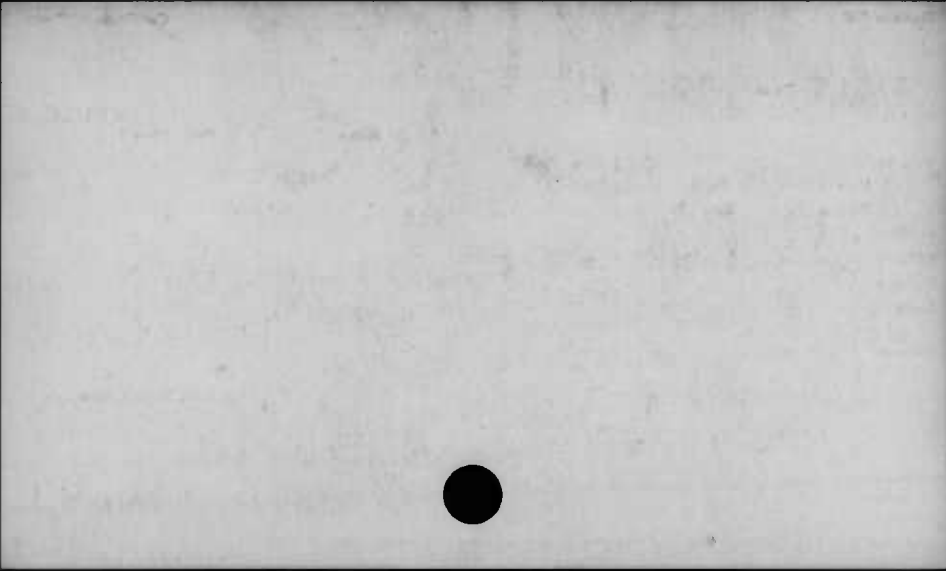
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79696



Name in Full

Certificate of Death

Charlotte Grace

Town

County

Died at

Bachman Mill

Carmel

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

1 - 18

Age

55 - 524

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Old age

Death

Immediate

Paralysis

How long sick

154

~~Accident, Suicide, Homicide~~

Reported by

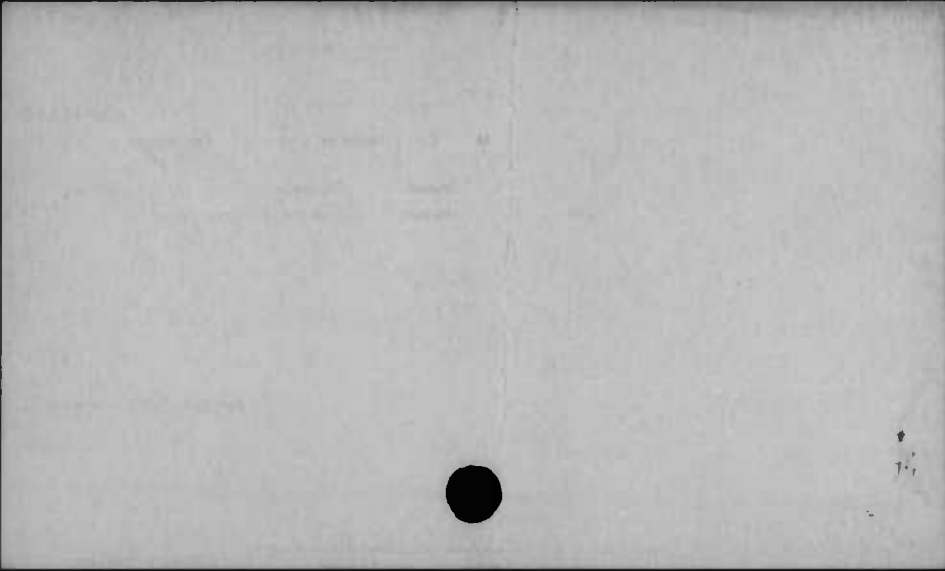
Ed F. Griffith undertaker

Address

Union Mills

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65269

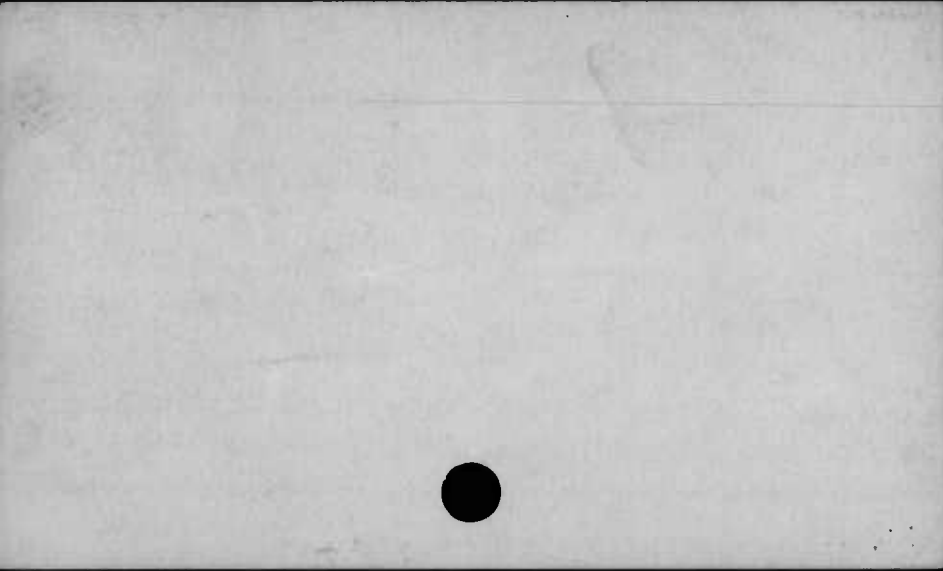


Name in Full

Certificate of Death

Henry Hamilton
 Town Sykeville County Carroll
 Died at Sykeville Maryland
 Date 1902 Jan 12 Month Day Y. M. D. Age About 60 years Native of Washington D.C. Occupation Laborer
 Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced
 Number of children living 2
 Husband of _____
 Wife Not Known
 Father's Name Not Known Mother's Name Not Known
 Maiden Name Not Known
 Cause of Death { Primary Double Pneumonia How long sick 2 days
 Immediate Failure Respiration Accident, Suicide, Homicide
 Reported by Daniel B. Sprecher 93
 Address Sykeville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Hm. Heltabridge

Town

County

Died at Baust Church Carroll

MARYLAND

Date 1902 Jan 19 Y. 66 M. 7 D. 7 Native of Md Occupation Farmer
 Male White Married ~~Widower~~ ~~Single~~ Number of children living 11
~~Female~~ ~~Colored~~ ~~Single~~

Husband of

Name John Eve
 120

Mother's Name
 120

Cause of Primary Uraemic Coma

How long sick 8 hrs.

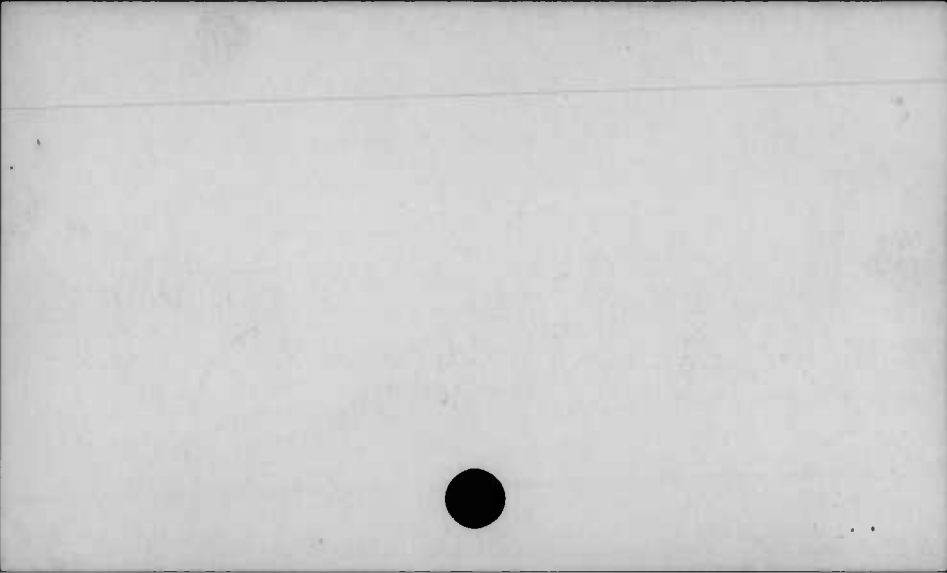
Death Immediate Uraemic Poisoning

Accident, Suicide, Homicide

Reported by Thos. J. Shreve M D

Address Uniontown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elizabeth Holland

Town

County

Died at

West Falls

Carroll

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

June 25

Age

98

Maryland

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband

of

Wife

Father's

Name

Cause of

Primary

Old Age

Death

Immediate

Dropped dead

Mother's

Maiden Name

Mary Cussey

How long sick

154

Accident, Suicide, Homicide

Reported by

Address

1

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

189 William Bernard Holmes.
 Town County
 Died at Westminster Carroll MARYLAND
 Date 1902 Jan 5 Age 28-6-18 Maryland Clerk
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living
 Husband of _____
 Father's Name William Holmes Mother's Maiden Name Emma N. Hooker
 Cause of Death { Primary Alcoholism How long sick 4 days.
 Immediate Maria Gotu - Heart failure Accident, Suicide, Homicide
 Reported by Chas. R. Foutz, M.D. 56
 Address Westminster Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name in Full

Certificate of Death

W. C. Houseman

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

1 29

Age

14, 6, 21

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name J. W. Houseman

Mother's Name Ella F. Houseman

Name

Maiden Name

Cause of

Primary

Scarlet Fever

How long sick

4 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. H. Sherman M.D.

Address

Manchester Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79828



Name in Full

Certificate of Death

Name *John Hyle* ✓
 Died at *near Westminster* Town *Carroll* County *MARYLAND*

Date *1902 Jan - 26* Month *Jan* Day *26* Y. *65* M. *Widow* D. *Divorced* Native of *md* Occupation *Laborer*
 Male *White* Married *Widow* Divorced *Number of children living 4*
 Female *Colored* Single *Widower*

Husband
 of
 Wife

Father's Name *Joseph Hyle* Mother's Name *45*

Cause of Death *Cancer* Primary Immediate *1 year* How long sick
 Accident, Suicide, Homicide

Reported by *Jas. M. Stover*

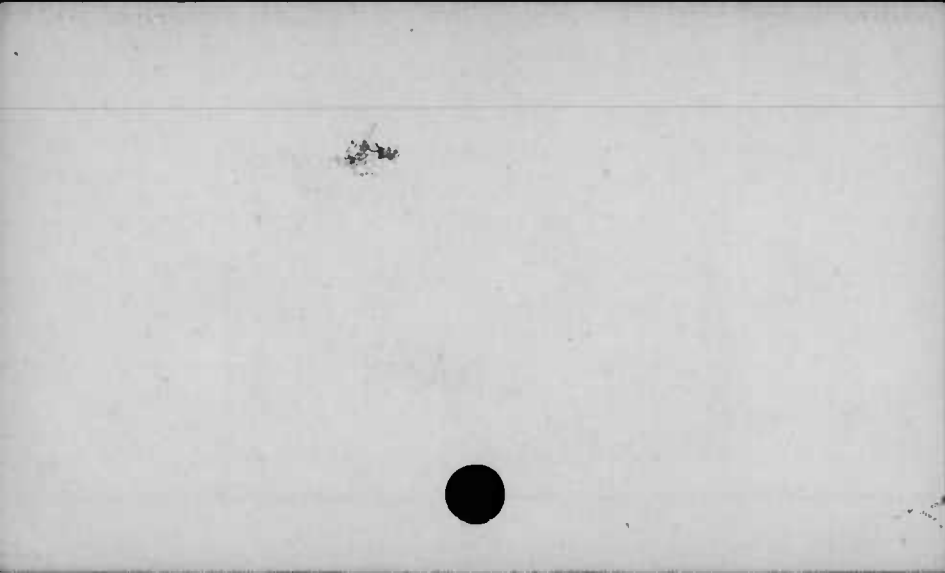
Address *Westminster*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Knicker

Name in Full *Infant*
 Town *Eldersburg* County *Carroll* MARYLAND
 Died ~~at~~ *near* *Eldersburg*
 Date 190*2* Month *Jan.* Day *5* Age *— — —* Native of *md* Occupation *—*
 Sex ~~Male~~ *Female* Color ~~White~~ *Colored* Marital Status ~~Married~~ *Single* ~~Widow~~ *Widower* ~~Divorced~~ *Number of children living*
 Husband of *—*
 Wife *—*
 Father's Name *Perry R. Jenkins* Mother's Maiden Name *Emma C Grimes*
 Cause of Death { Primary *Premature Birth* Immediate *Dead when born.* How long sick *—*
 Reported by *M D Morris. M D.*
 Address *Eldersburg Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Daath

Thomas

Keefer

Town

County

Died at

Tany town

barnes

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

1 14

Age

69.8. 4

Md

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

6

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Sarah Foreman

Cause of

Primary

Pneumonia

How long sick

6 days

Death

Immediate

Pneumonia

~~Accident, Suicide, Homicide~~

Reported by

J B Birnie M. R.

Address

Tany town

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Thos G Kelly
 Town

No. 1,

Died at *Delmar*

County *Carroll*

MARYLAND

Date 1902 *1* *29* Month Day
 Age *88* *9* *1* Y. M. D. Native of *Ind* Occupation *Retired*

Male

White

~~Married~~

~~Widow~~

Divorced

~~Female~~

~~Colored~~

Single

Widower

Number of children living

None

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

~~Old Age~~

154

How long sick

6 mos

Death

Immediate

Old Age

L P Baile

~~Accident, Suicide, Homicide~~

Reported by

Address

New Windsor

No Doctor

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Joseph Edward Hoonts,
 Town Paceytown County Carroll

MARYLAND

Died at Paceytown
 Date 1902 Jan 31 Month Day Y. M. D. Native of Occupation
 Male White ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband
 of

Wife
 Father's
 Name

Charles Hoonts

Mother's
 Name

Maggie Hoonts

Cause of Primary

Death Immediate

Stillborn

~~How long sick~~

~~Accident, Suicide, Homicide~~

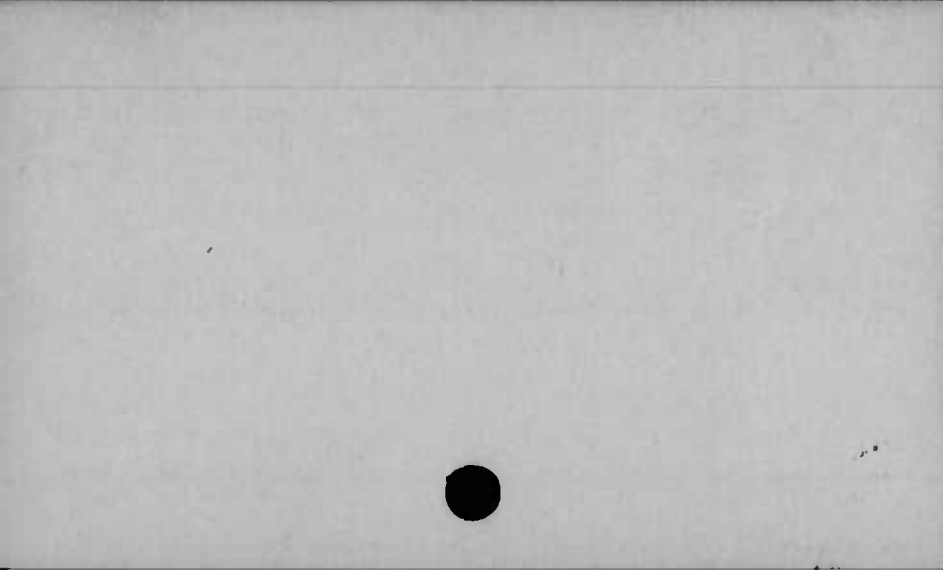
Reported by

Address

G. H. Davis M.D.
 Paceytown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Henry F Kunker
 Town County

Died at Springfield State - Hospital Sykesville MARYLAND

Date 1900 1 5- Age 43 11
 Male White Married ~~Widow~~ ~~Divorced~~ Occupation Barrel Cressman
 Female Colored Single Widower Number of children living -

Husband of
 Wife

Father's Name John H Kunker Mother's Maiden Name Catherine Broedelmeier

Cause of Death Primary General Paralysis
 Immediate Gastro-Enteritis
 How long sick about 12 hrs.
 Accident, Suicide, Homicide

Reported by Chas J. Carey M.D.

Address Sykesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

David Lippy

Town

Mechanic

County

Lawell Co

MARYLAND

Died at

Data 1902

Month

Jan

Day

14

Age

71-9-26

Y.

M.

D.

Native of

Ind

Occupation

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widow

Number of children living

0

Husband

of

Lorna E. Hornberger

Father's

Name

George Lippy

Mother's

Maiden Name

Berta Rinehart

Cause of

Primary

Death

Immediate

Lobar Pneumonia

Exhaustion

How long sick

7 days

Accident, Suicide, Homicide

Reported by

Wm D Wells M D

Address

Mechanic Md

Luvenia E Lipsey
 Town County
 Died at Westminter Carroll MARYLAND
 Date 1902 Jan. 21 Age 63-8 26 Maryland
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 4

Husband of David Lipsey
 Wife
 Father's Name John Hornberg Mother's Name Elizabeth Mangus
 Cause of Death Primary Chronic Phthisis How long sick about 10d
 Immediate of pneumonia or Accident, Suicide, Homicide

Reported by Wm. D. Wells MD
 Address 1 Westminter Mt.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1. Eridania.

Thomson

Gertrude M. Little

Town

County

Died at

MARYLAND

Westminster

Carroll

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Jan. 21.

Age

27-3-24

Maryland

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

4

Husband of

Wife

Father's

Name

P. Florence Little

Mother's

George Brengle

Maiden Name

Florence S. Layman

Cause of

Primary

Consumption

How long sick

Death

Immediate

11

Accident, Suicide, Homicide

Reported by

Jos. T. H. & M. W.
Westminster

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Thorne

St John

Name in Full

Certificate of Death

Ellen Louie

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

1 - 11

Age

- 4 -

Md.,

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

~~Husband~~ of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

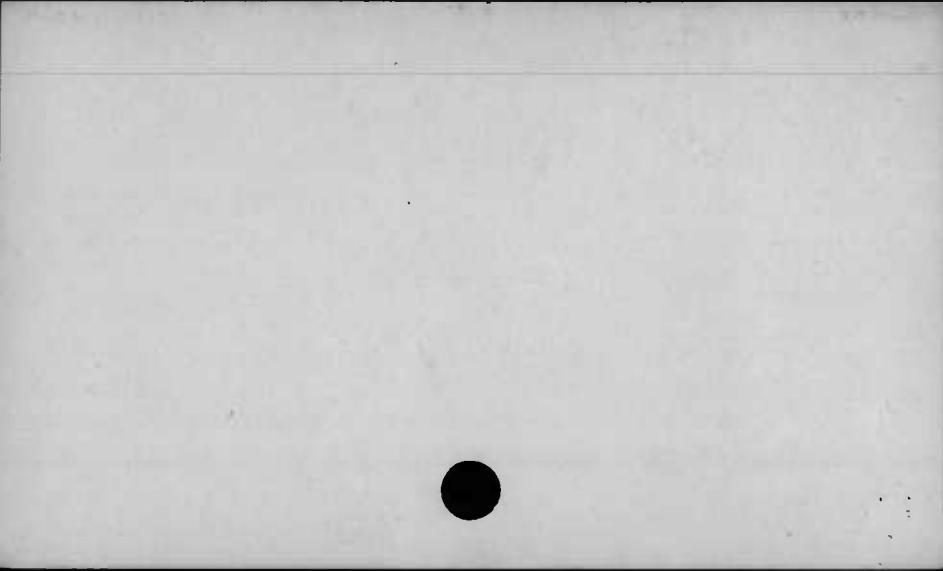
~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

John T. Myers
 Town *Westminster* County *Carroll* MARYLAND
 Died at
 Date 19 *21* *June* 19 *19* Y. *56* M. *—* D. *—* Native of *me* Occupation *Laborer*
 Male *White* Married *Widow* Divorced *5*
 Female *Colored* Single *Widower* Number of children living

Husband of *Alice F. Toop*
 Wife
 Father's Name *John Myers, Sr.* Mother's Maiden Name *Ellen Cole*
 Cause of Death { Primary *Pneumonia* How long sick *12 days*
 { Immediate *Hemorrhage* Accident, Suicide, Homicide

Reported by *J. J. Coonan M.D.*
 Address *Westminster*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Western Slopes

Name In Full

Nusbaumer

Mary

Town

Hansberrum

County

Died at

Munroe Mills

Cerrill

MARYLAND

Date

1902

June

19th

Age

43

18

Native of

Maryland

Occupation

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

8

Husband

of

Charles E. Nusbaum

Wife

Father's

Name

J. William Eckhart

Mother's

Maiden Name

Anna Est

Cause of

Primary

A3

How long sick

7 days

Death

Immediate

Pulmonary Pneumonia

Accident, Suicide, Homicide

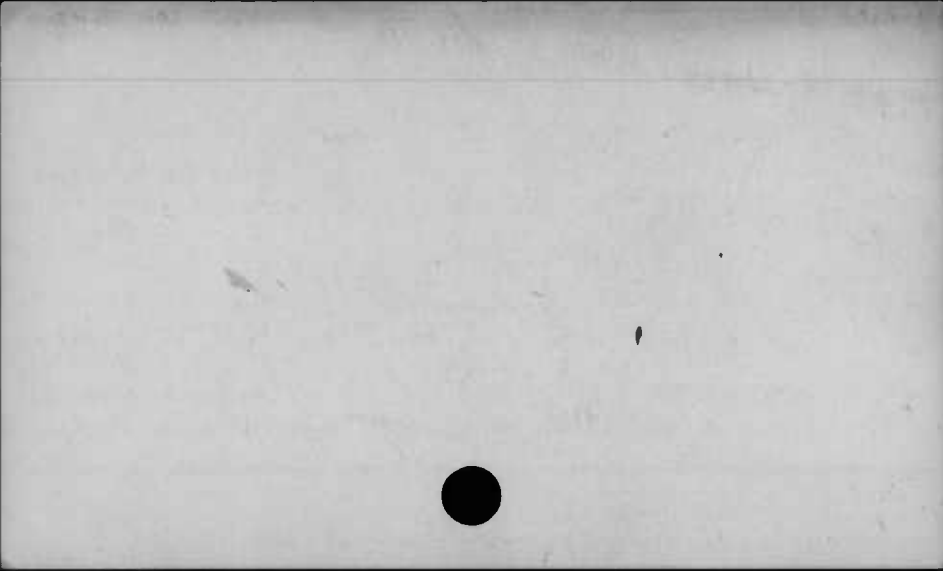
Reported by

Dr. J. J. Stewart

Address

Munroe Mills

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Edley James Puts

Town

County

Died at

MARYLAND

Date 1902 June 25 - Age 80 10 8

Month Day Y. M. D. Native of Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 3

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79896



Name in Full

Certificate of Death

Dora Osterhaus

Town

County

MARYLAND

Died at

Eastview

Carroll

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

1. 15-

Age 69. 9-4

Germany

Housekeeper

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

3-

Husband of

Wife

Edward Osterhaus

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Apoplexy

64

How long sick

14 hours

Death

Immediate

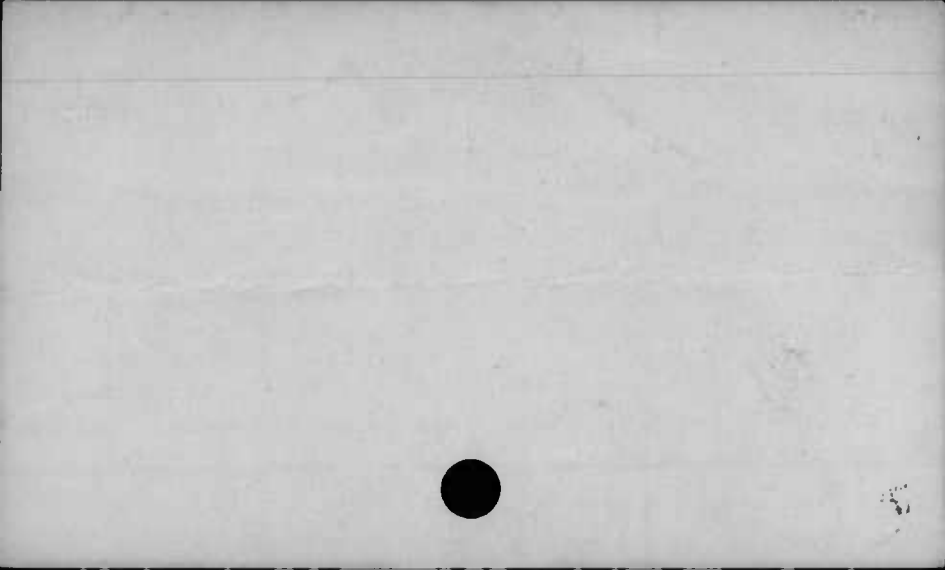
Accident, Suicide, Homicide

Reported by

Jus. T. Heming M D
Westmont Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Agnes Pick

Town

County

Died at

MARYLAND

Date

1902

Jan

6

Age

60

Native of

Poland

Occupation

Housewife

Sex

Female

Color

White

Married

Single

Widow

Number of children living

Husband

of

Antoine Pick

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immunity

Death

Immediate

Exhaustion

How long sick

1 year

Accident, Suicide, Homicide

Reported by

M. A. Waters M. D.

Address

Springfield State Hospital, Carroll Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Please return least.

Agnes Pick

Died at *Springfield Hospital* *Canoe Co.* MARYLAND

Date *1902 Jan. 6* Y. M. D. *6* Native of *Poland* Occupation *Housewife*

~~Male~~ *White* ~~Married~~ *50* ~~Widow~~ *Divorced* Number of children living

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widow~~

Husband of *Antoine Pick*

Wife

Father's Name

Mother's Name

Cause of Death { Primary *Septicemia* Immediate *Exhaustion* } *68*

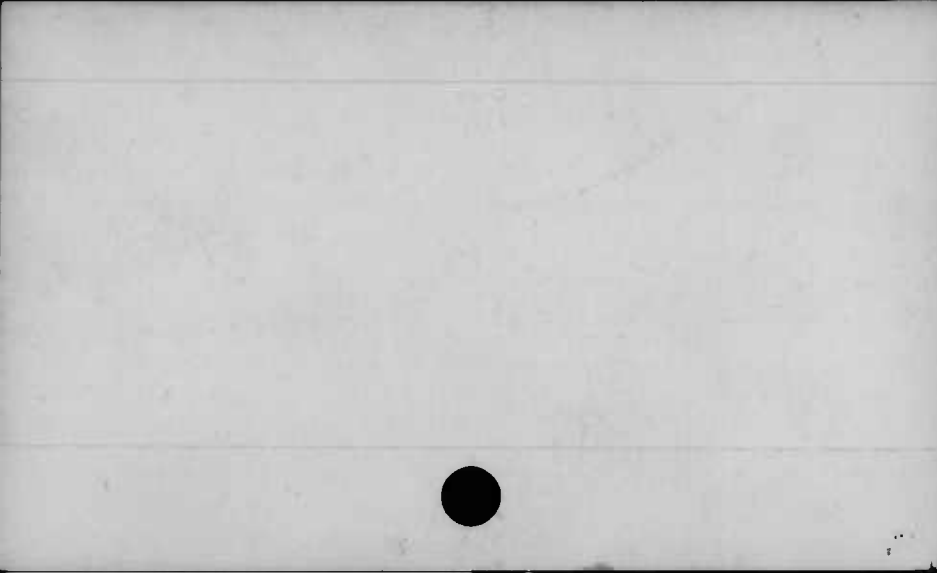
How long sick *1 year*

Accident, Suicide, Homicide

Reported by *M. A. Waters M. D.*

Address *Springfield Hospital*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Rebecca Routzahn
 Town County

Died at

Harrisonville

County

Carroll

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 30

Age

78

Ma.

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

154

Cause of

Primary

General Debility

How long sick

5 or 6 mos

Death

Immediate

Paralysis

~~Accident, Suicide, Homicide~~

Reported by

Lewis B. Woodward, M.D.

Address

Westminster, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Melvin S Shue

Died at ^{Town} Melrose ^{County} Carroll MARYLAND

Date	1902	Month	Day	Y.	M.	D.	Native of	Occupation
	June	6th			11		Maryland	—
	Male	White	Married				Widow	Divorced
	Female	Colored	Single				Widower	Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of	Primary	Bronchitis	90	How long sick	8 weeks
	Death	Immediate		Duration	Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808



Joseph M Simmons

Town

County

Died at

Springfield State Hospital Sykesville MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 *02*

Jan 6

Age

76

-

-

Delaware Merchant

Male

White

Married

Widow

-Divorced

Female

Colored

~~Single~~~~Widower~~

Number of children living

5

Husband of

Wife

Father's

Name

George Simon

Maiden Name

Mother's

Mary P.

Cause of

Primary

Senility

Immediate

Exhaustion

How long sick

about 4 weeks

Death

Accident, Suicide, Homicide

Reported by

Chas J. Carey M.D.

Address

Springfield Hospital Sykesville Md

Must be signed by physician, If any In attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Alfred Smith

Town

County

Died at

near Westminster

Carroll

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Jan - 20

Age

79

25

Md -

Retired

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

William Smith

Don't know

Cause of

Primary

Old age

How long sick

about 2 hrs

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

Chas. R. Gault, M.D.

Address

Westminster, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79802

Weston Chapel

Wesley

Name in Full

Certificate of Death

Margaret V. Stansbury

Town

County

Died at

Near Manchester - Carroll - MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

1-27

Age

34-1-28

Md

White

~~Married~~

Widow

~~Single~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of
WifeFather's
NameMother's
Name

Geo Stansbury Manda Towble

Cause of

Primary

Tuberculosis

How long sick

Death

Immediate

Innervation

Accident, Suicide, Homicide

Reported by

Address

Manchester

J. P. Preston M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name In Full

Certificate of Death

Rex Thomas

Died at ^{Town} Sylicurville ^{County} Carroll MARYLAND

Date 1902 Jan 13 Age 18 to 19 years Sex Male Race White Marital Status Married Occupation Labourer

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widow~~ ~~Divorced~~ ~~Number of children living~~

Husband of Son of R. S. Thomas, Standardsville Va

Father's Name R. S. Thomas Mother's Maiden Name Don't know

Cause of Death { Primary Pistol Shot Wound Immediate Internal Hemorrhage

How long sick 8 to 10 minutes

Accident, Suicide, Homicide

Reported by Samuel B. Sprecher MD

Address 16 Sylicurville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Joseph. P. Wilson

CERTIFICATE OF DEATH

294

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Westminster

County

Carroll

MARYLAND

Date

of death 1902

Month

Jan

Day

4

Years

Age 24-

Months

6

Days

29

Sex

Male

Color or
Race

Colored

Birth-
place

Westminster

Married, Single
~~or Widowed~~

Married

Occupation

Laborer

Name of Wife or
Husband

Augusta Wilson

Father's
Name

Dead

Father's
Birthplace

Westminster

Mother's
Maiden Name

Elizabeth Brown

Mother's
Birthplace

"

Name of person giving
In formation

Elizabeth Wilson

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Cancer of Throat

How long

1 year

Immediate

Exhaustion

How long

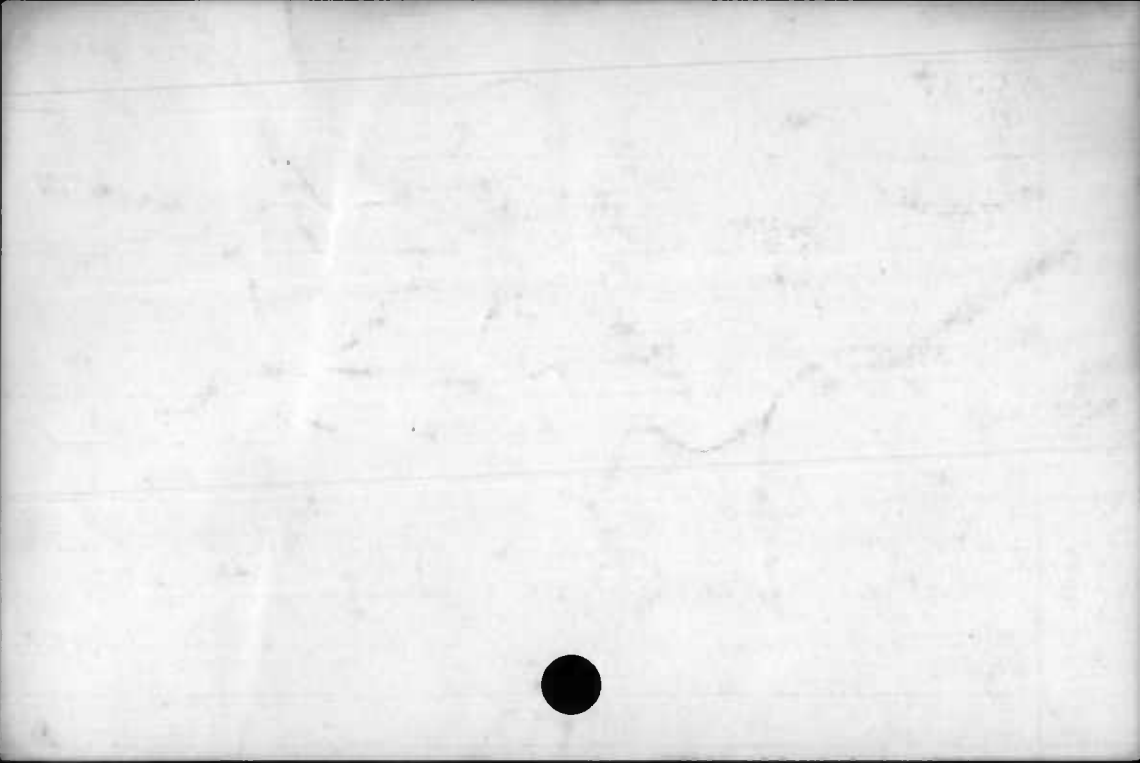
1 year

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

1000 D Wells Rd

Accident or Suicide?



Name In Full

Certificate of Death

Sebastian Wirth

Town

County

Died at Springfield State Hospital, Rykesville Carroll County MARYLAND

Date 1902 1 19 Age 62 Y. M. D. Native of Germany Occupation Laborer

Male White Married Widowed ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living one

Husband of

~~Wife~~

Father's Name Unknown

Mother's Maiden Name Unknown

Cause of Death { Primary General Paresis

Death { Immediate Pulmonary Congestion

How long sick about 4 days

~~Accident, Suicide, Homicide~~

Reported by John N. Morris M.D.

Address Rykesville Carroll Co Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

John F. Hunt
 Town *New Windsor* County *3*

MARYLAND

Died at *New Windsor*
 Date 19*02* Month *1* Day *8* Age *50* Y. M. D. Native of *Pa* Occupation *Farmer*
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living *None*

Husband
 of
 Wife

Father's Name *Marion Hunt* Mother's Maiden Name *QD*

Cause of Death { Primary Immediate *Pharyngeal* How long sick *5 days* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Maudie Shultz

Town

County

Died at

New Brunswick

Camden

MARYLAND

Date 1900

Month

Day

Y.

M.

D.

Native of

Occupation

1

9

Age

82

Pa

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

5

Husband

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

10 days

Accident, Suicide, Homicide

Reported by

Address

H H Shuman

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

4

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide.

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79698



Name in Full

Certificate of Death

Henry E. Jeff
 Town Roseville County Carroll
 Died at
 Date 1902 - 9 - 9 Age 32 Native of Occupation Laborer
 Male White Married Widowed Divorced
 Female Colored Single Widowed Number of children living 4

Husband of Elizabeth Bowman
 Wife
 Father's Name Andrew Jeff Mother's Name
 Cause of Death { Primary Typhoid Fever Immediate
 How long sick
 Accident, Suicide, Homicide

Reported by Jacob H. Shuman M.D.
 Address Manchester, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

